

Name
in
Full

Lena Allen

CERTIFICATE OF DEATH

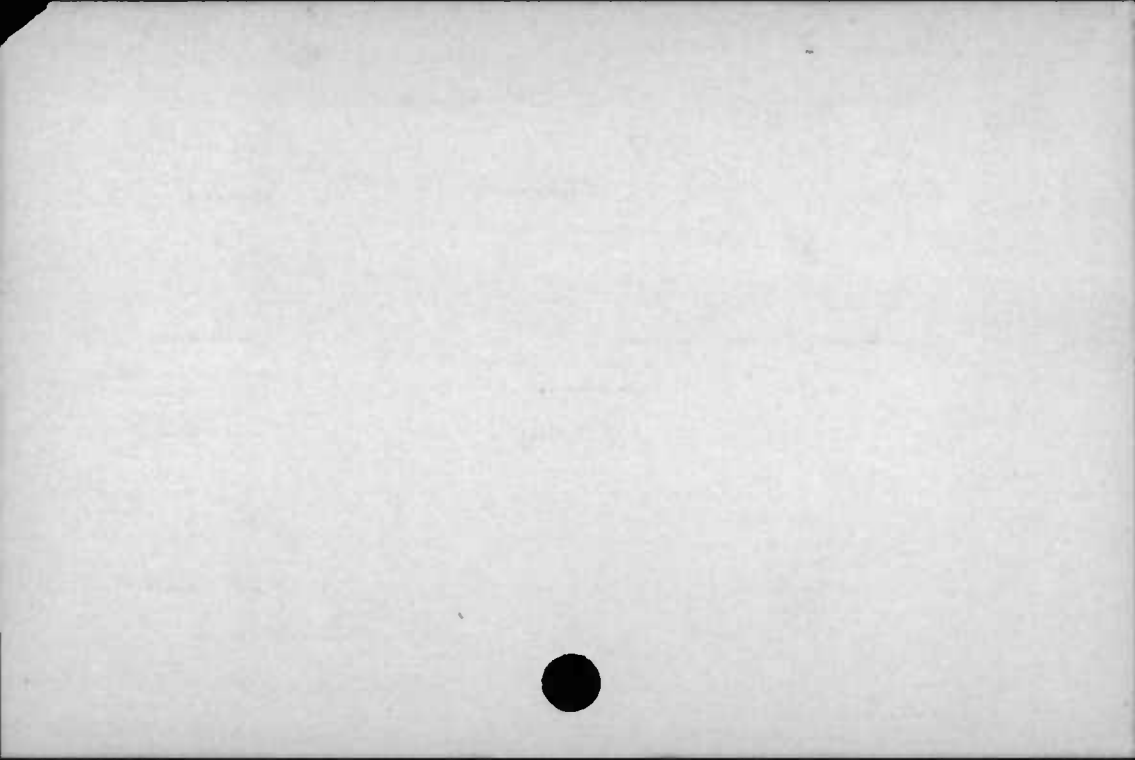
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vienna</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>26</i>	Age <i>14</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Afro-American</i>			Birth-place <i>Vienna, Md.</i>	
Occupation <i>attending school</i>			Where Residing if not at place of death <i>Vienna, Md.</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Allen</i>			Father's Birthplace <i>Vienna</i>		
Mother's Maiden Name <i>Alice Pinket</i>			Mother's Birthplace <i>Vienna</i>		
Name of person giving information <i>Bruce Parker</i>			How related to deceased <i>Stepfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Paralysis of heart</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R. J. Price</i>
	Address <i>Vienna, Md.</i>
Accident or Suicide?	



Name
in
Full

Elyse G. Bradley. ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec</u>	Day <u>13</u>	Age <u>1</u> Years	Months <u>4</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge, Md</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>John N. Bradley</u>			Father's Birthplace <u>Dorchester, Md</u>		
Mother's Maiden Name <u>Ida A. Sharahan</u>			Mother's Birthplace <u>Dorchester, Md</u>		
Name of person giving information <u>John N. Bradley</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>5 days</u>
Immediate <u>Cerebrum</u>	How long <u>6 feet down</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. N. Goldsborough</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide?	



Name
in
Full

Alexander V Camper

CERTIFICATE OF DEATH

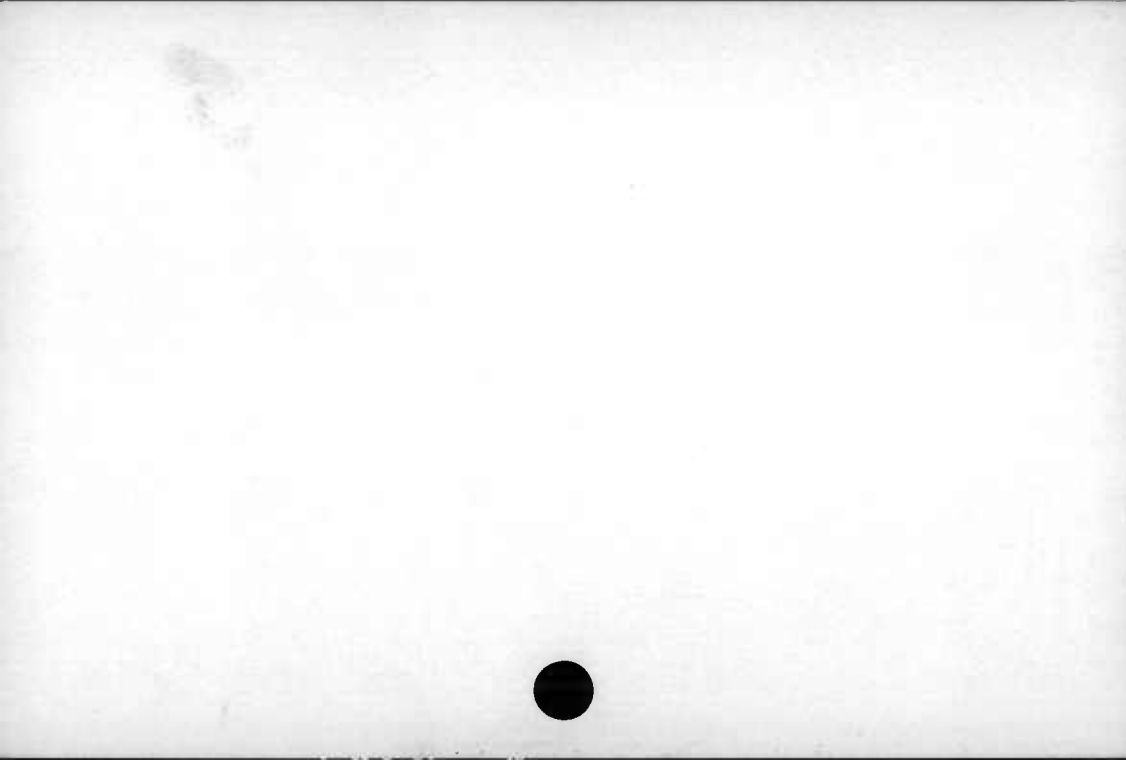
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death 1903	Month Dec.	Day 9	Age	Years 55	Months	Days	
Sex	male		Color or Race	Colored		Birth- place	Ind.
Married, Single or Widowed	married			Occupation Laborer			
Name of Wife or Husband	Littie Camper						
Father's Name	Dorset Knox				Father's Birthplace		
Mother's Maiden Name	Rossella Camper				Mother's Birthplace		
Name of person giving In formation	Littie Camper				How related to deceased		
				wife.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia		How long	about 2 wks
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wilbur A. Drake M.D.
			Address	Cambridge Ind.
Accident or Suicide?		—		



Name in Full		John R. Chase ✓				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death 1903	Month Dec.	Day 4	Age 5	Years 6	Months 4	Days
	Sex	Male		Color or Race	Negro		Birth-place Ind
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband						
	Father's Name	Nathan Chase 93				Father's Birthplace	Ind
	Mother's Maiden Name	Annie Roberts				Mother's Birthplace	Ind
Name of person giving information		Annie Chase				How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Lobar Pneumonia		How long	2 weeks
	Immediate	Heart failure		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wilbur A. Drake Ind
			Address	Cambridge Dorchester Co.	
Accident or Suicide? —					



Name in Full

Certificate of Death

James Hayward

Town

County

Died at or near E. N. Market - Lancaster

MARYLAND

1903 Month Day Y. M. D. Native of Occupation
 Date 189- 12- 24 Age 21 6d - Laborer

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living 0

Husband
 of
 Wife

Unmarried

Father's
 Name

Not Known

Mother's
 Name

Mary Hayward

Cause of

Primary

Typhoid Pneumonia

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. A. Sayers

Address

East Penn Market Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name
in
Full

CERTIFICATE OF DEATH

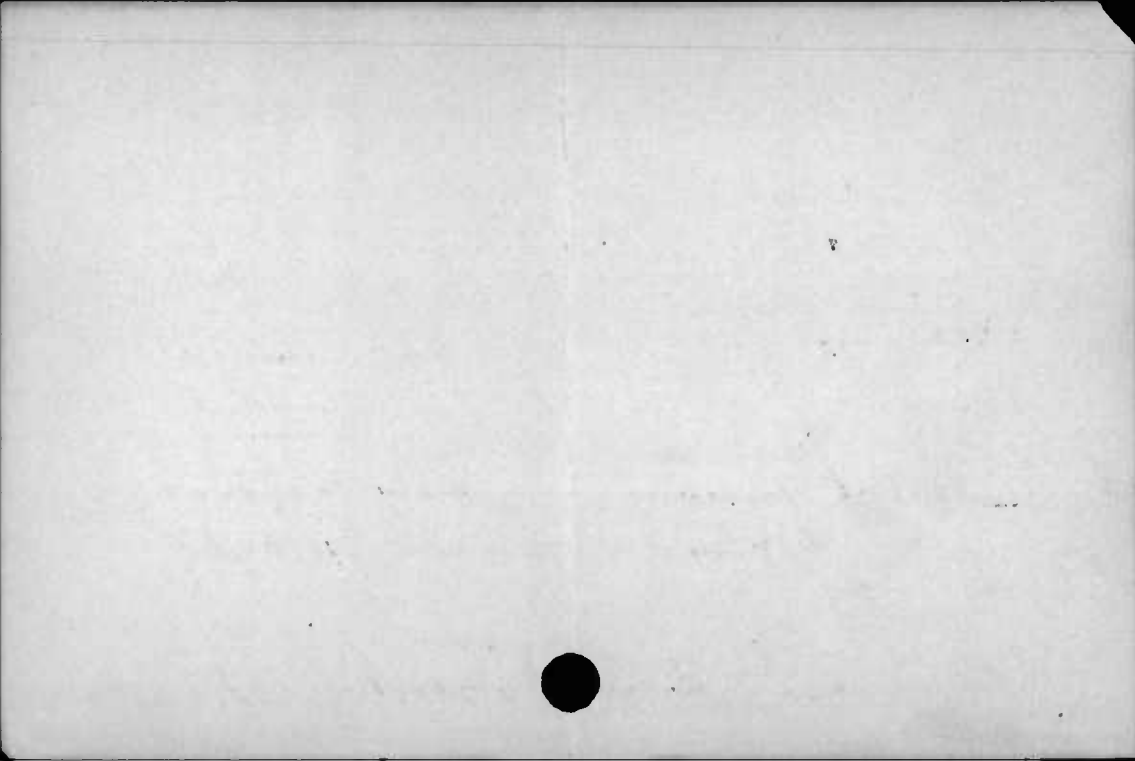
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Newmarket</i>		Town <i>Disbury</i>		County <i>Disbury</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>25</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birthplace <i>Disbury</i>				
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>East Newmarket</i>						
Married, Single or Widowed	Name of Wife or Husband <i>None</i>						
Father's Name <i>Blumby Lemby</i>	Father's Birthplace <i>Disbury</i>						
Mother's Maiden Name <i>Mary Howard</i>	Mother's Birthplace <i>Disbury</i>						
Name of person giving information <i>Maria Howard</i>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Emonia</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Ewell m d</i>
	Address <i>Disbury</i>
Accident or Suicide?	<i>ter bo m d</i>



Name
in
Full

Abraham Johnson

CERTIFICATE OF DEATH

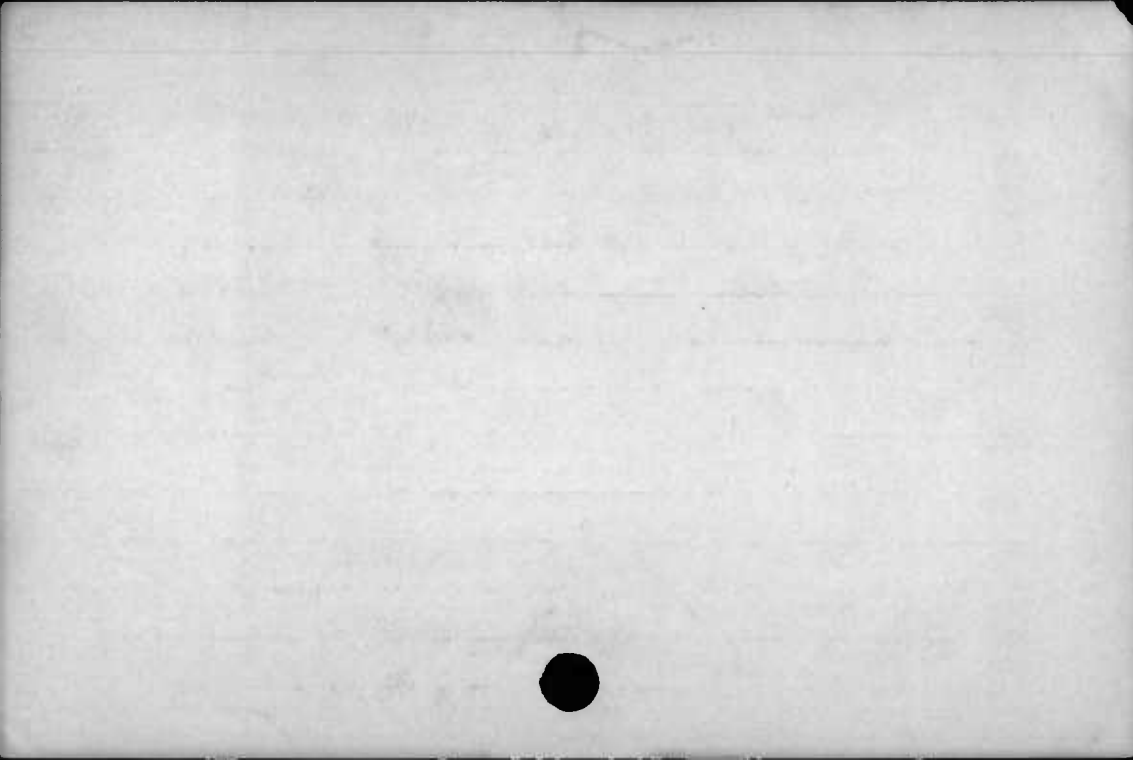
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>Dec.</u> ^{Month}	<u>9</u> ^{Day}	Age <u>33</u> ^{Years}	<u>-</u> ^{Months}	<u>-</u> ^{Days}
Sex <u>Male</u>		Color of Race <u>Blood</u>		Birth-place <u>Dorchester</u>	
Occupation <u>Labourer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Florence Johnson</u>			
Father's Name <u>John Johnson</u>		Father's Birthplace <u>-</u>			
Mother's Name <u>Mary Johnson</u>		Mother's Birthplace <u>-</u>			
Name of person giving information <u>Florence Johnson</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis pulmonalis</u>	How long <u>one year</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm J. Tule</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Emily Johnson
 Town County

Died at Thurlock Dorchester County MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1904 Dec. 20 Age 41

Male

White

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

NO
Johnson Aldridge

Mother's

Name

Mary Emily Johnson

Cause of Primary

How long sick

two days

Death Immediate

Accident, Suicide, Homicide

Reported by

Eliza A Aldridge

Address

Thurlock Bar Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name

in
Full *

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jeremiah Matthews

Died at

Town

Church Creek

County

Dorchester

MARYLAND

Date

of death 1903

Month

Dec.

Day

22nd

Age

Years

21

Months

14

Days

3

Sex

Male

Color or
Race

Col.

Birth-
place

Dor. Co. Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jeremiah Matthews Jr.

Father's
Birthplace

Dor. Co. Md.

Mother's
Maiden Name

Caroline Emmalls

Mother's
Birthplace

Dor. Co. Md.

Name of person giving
In formation

Caroline Emmalls

How related
to deceased

Dor. Co. Md.

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

about 12 months

Immediate

Pulmonary Haemorrhage

How long

a few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. L. Smithwick M.D.

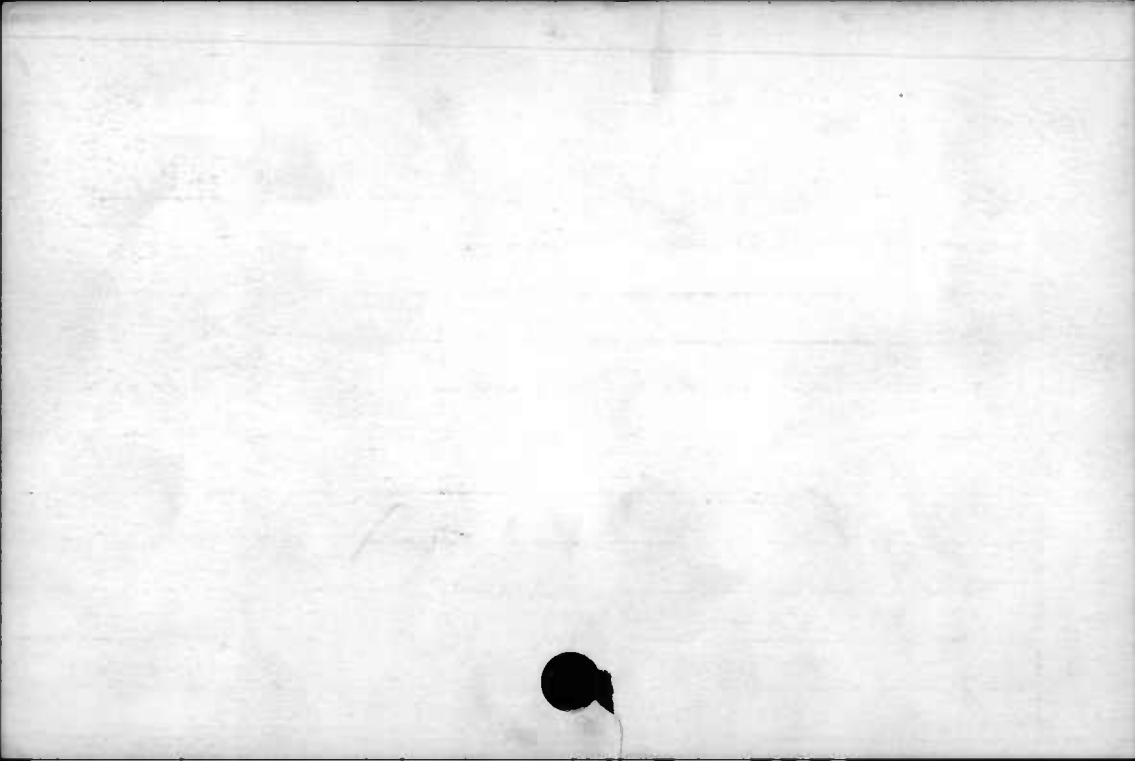
Address

Church Creek, Md.

PHYSICIAN
OR CORONER

*Did not attend patient

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

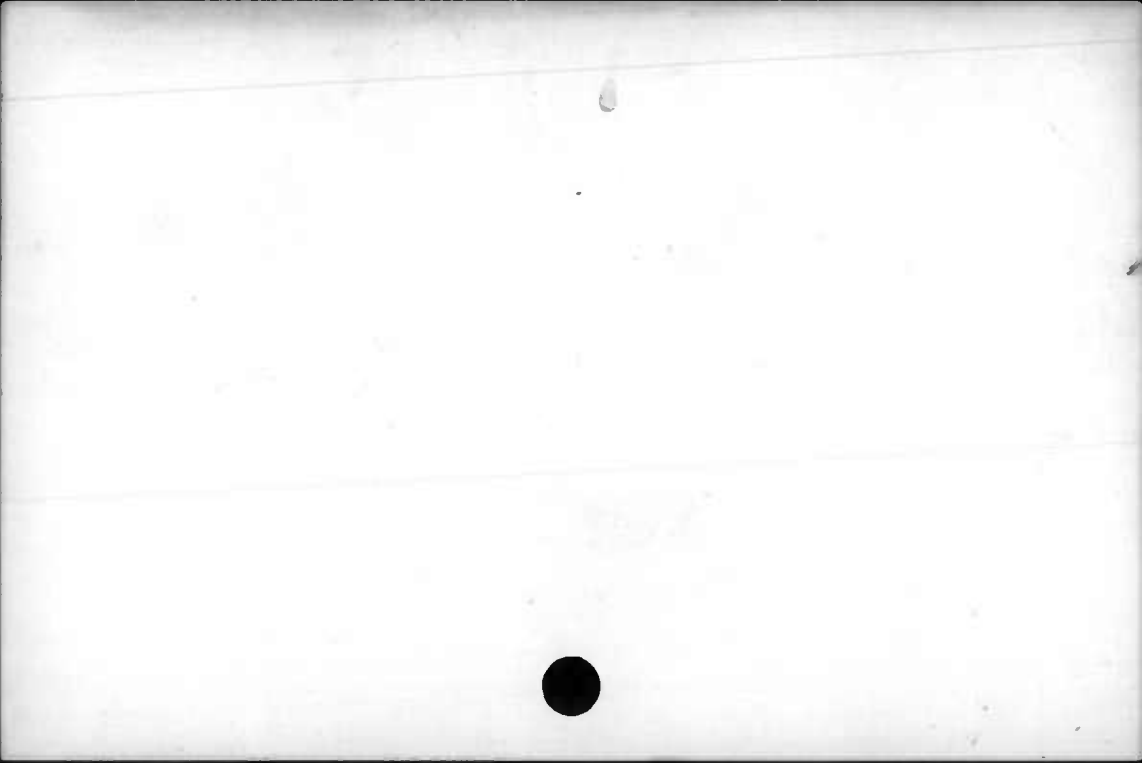
TO BE ANSWERED BY
NEAREST FRIEND

Name Jeremiah Matthews Jr.		Town Church Creek		County Dorchester		MARYLAND	
Died at		Date of death		Month		Day and Years	
1903		Dec		22 nd		Age 21	
Sex Male		Color or Race Col.		Birth-place		Dor Co Md	
Occupation		Labourer		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Jeremiah Matthews Sr.		Father's Birthplace		Dor Co Md	
Mother's Maiden Name		Caroline Cunnally		Mother's Birthplace		Dor Co Md	
Name of person giving Information		Caroline Cunnally		How related to deceased		Widow	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Phthisis pulmonalis		How long		about 6 months	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. L. Litchman M.D.	
I did not attend		R. L. L.		Address		Church Creek, Md.	
Accident or Suicide?							



Name
in
Full

George C. Meredith ✓

CERTIFICATE OF DEATH

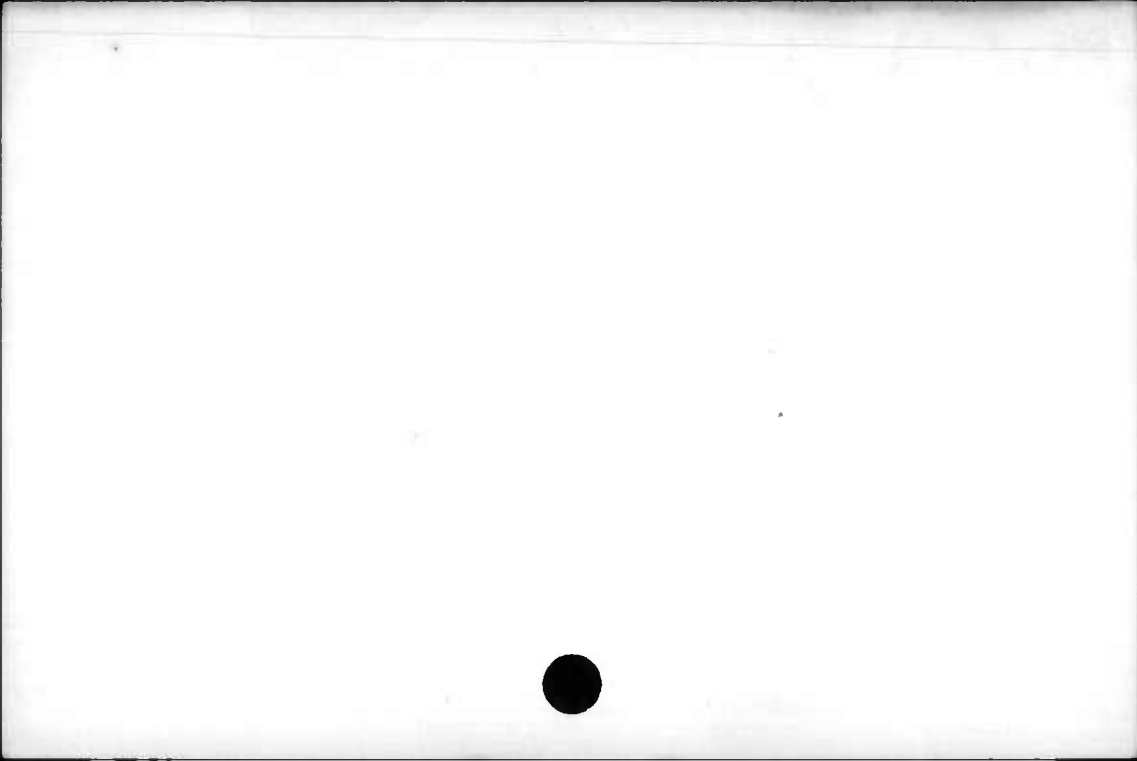
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtrog</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	<u>1903</u>	Month	<u>Dec -</u>	Day	<u>15</u>
Age		<u>60</u>		Years	
Sex	<u>Male</u>		Color or Race	<u>white</u>	
Occupation	<u>Farmer</u>		Birth place	<u>Dorchester Co Md</u>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <u>Jimmy Salomay</u>			
Father's Name	<u>Geo Meredith</u>			Father's Birthplace	<u>Dor Co Md</u>
Mother's Maiden Name	<u>Elizabeth Corpe</u>			Mother's Birthplace	<u>Dor Co Md</u>
Name of person giving Information	<u>Mrs W Dandson</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Brights</u>	How long	<u>Several years</u>
Immediate	<u>Heart Failure</u>	How long	<u>after hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr Goldborough</u>
		Address	<u>Cumtrog Md</u>
Accident or Suicide?			



Name
in
Full

Alice Parker ✓

CERTIFICATE OF DEATH

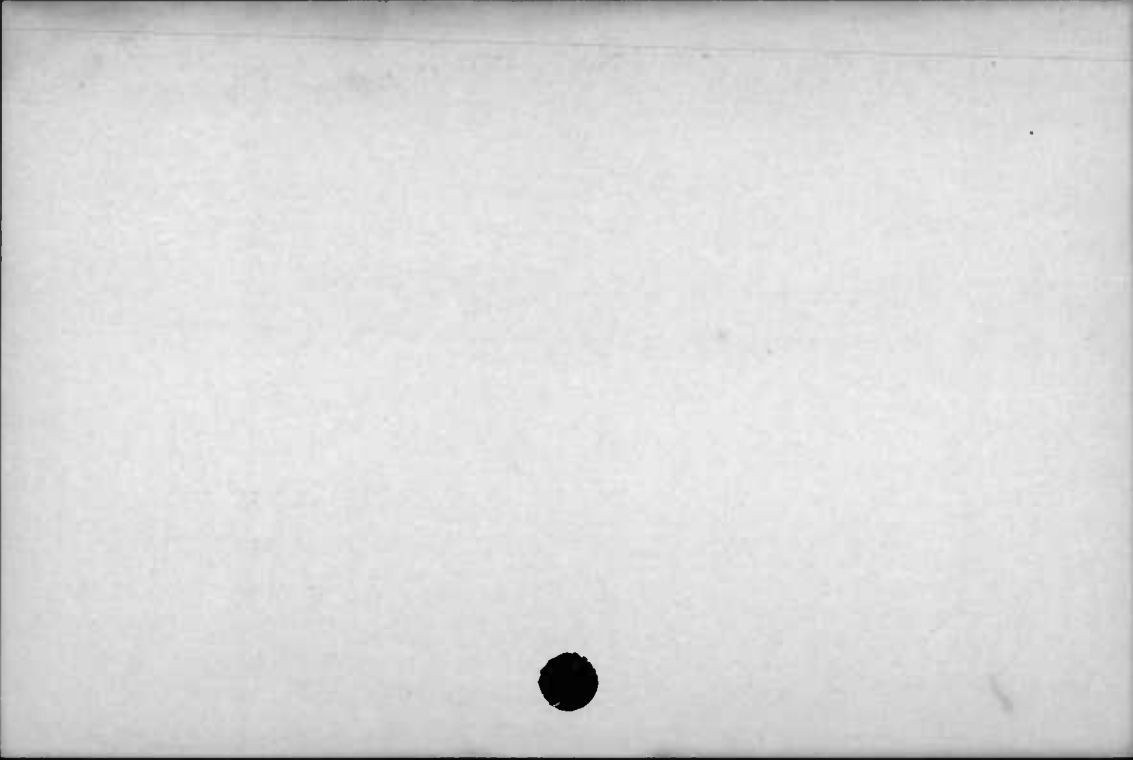
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vienna</i> Town			<i>Dorchester</i> County			MARYLAND		
Date of death <i>1903</i>		Month <i>Dec.</i>	Day <i>13</i>	Years <i>40</i>	Age		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Afro-American</i>			Birth-place <i>Vienna</i>			
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Vienna</i>					
Married, Single or Widowed			Name of Wife or Husband <i>Bruce Parker</i>					
Father's Name <i>Josiah Pirt</i>					Father's Birthplace <i>Vienna</i>			
Mother's Maiden Name <i>Don't know</i>					Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Bruce Parker</i>					How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>6 weeks</i>
Immediate <i>Perforated bowel</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Price</i>
	Address <i>Vienna</i>
Accident or Suicide?	



Name
in
Full

Mary Wodd Parkes ✓

CERTIFICATE OF DEATH

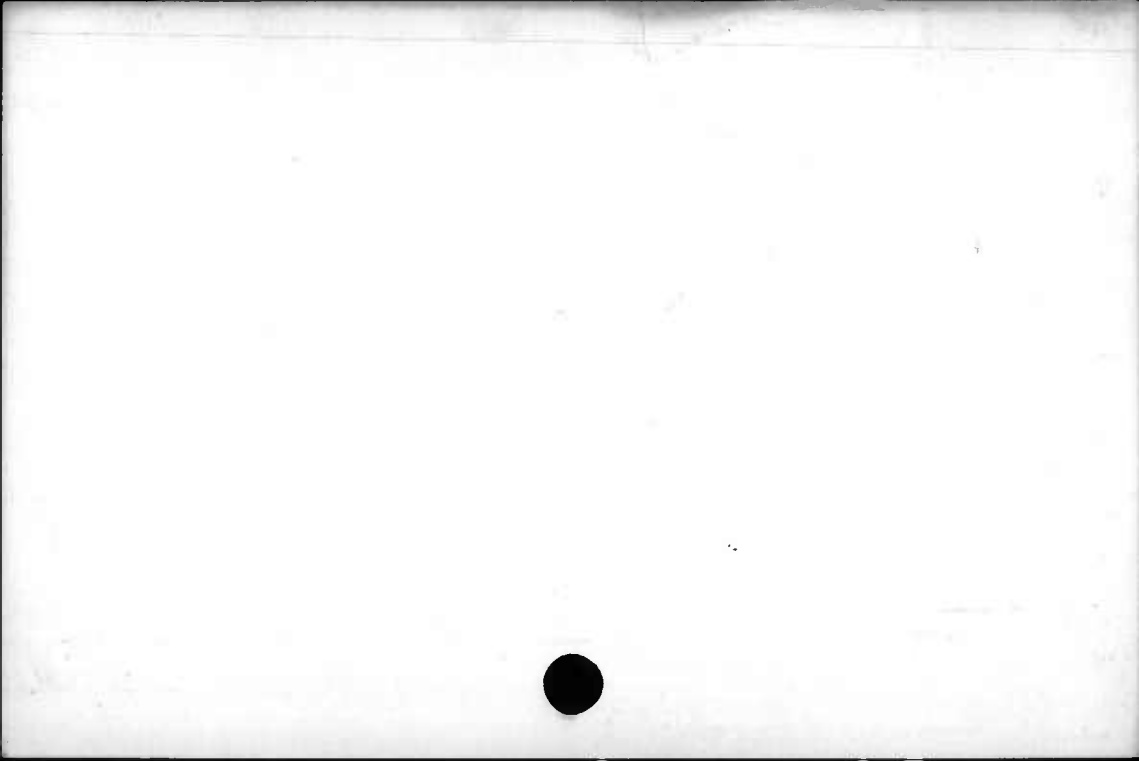
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Toddville</i> ^{Town}		<i>Lochستر</i> ^{County} <i>Co</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>December</i>	Day <i>1</i>	Age <i>28</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lochستر Co Md</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lester Parkes</i>				
Father's Name <i>Richard I Wodd</i>	Father's Birthplace <i>Wash Dc</i>				
Mother's Maiden Name <i>Ange Wodd</i>	Mother's Birthplace <i>Bushwood</i>				
Name of person giving Information <i>Richard I Wodd</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>about 1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>they are</i>		Signature of Physician <i>J. H. Manning</i>	
		Address <i>Marysboro Co Md</i>	
Accident or Suicide?			



Name
in
Full

Sarah P. Porter

CERTIFICATE OF DEATH

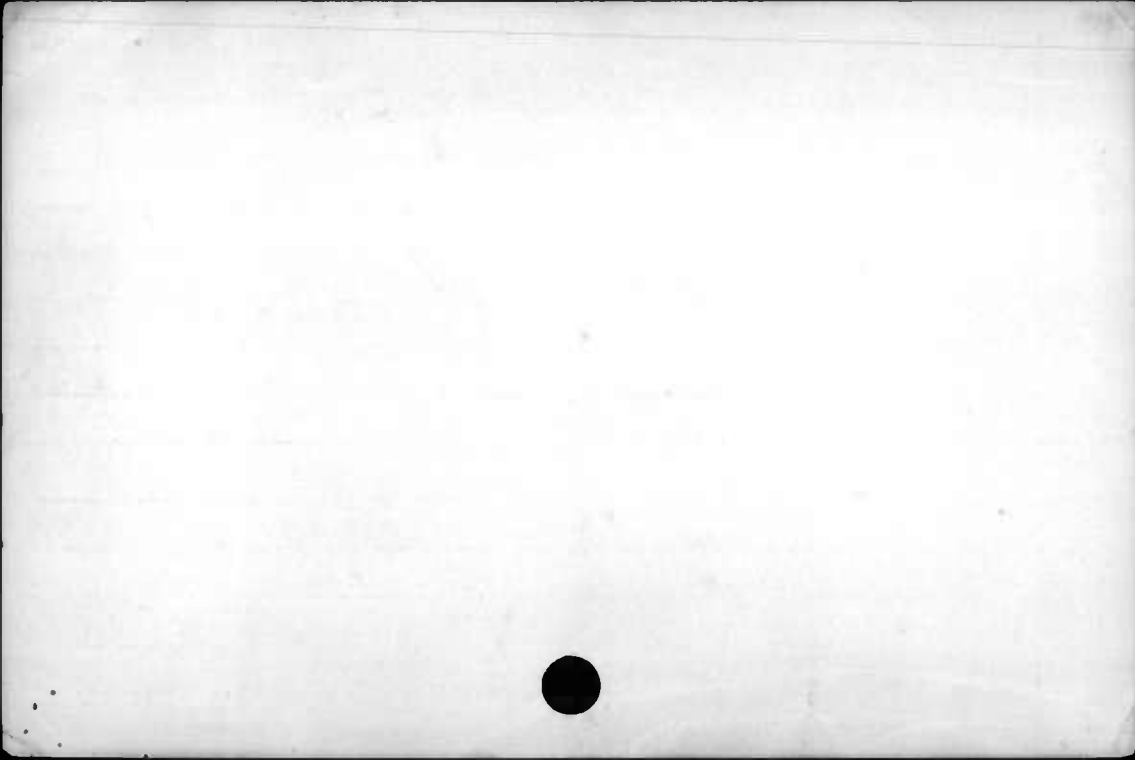
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumby</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>26</i>	Years <i>75</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Md</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>Fanny Porter</i>					
Father's Name <i>Does not know</i>				Father's Birthplace <i>Dorchester Md</i>	
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>Dorchester Md</i>	
Name of person giving information <i>Mrs McBook</i>				How related to deceased <i>none at all</i>	

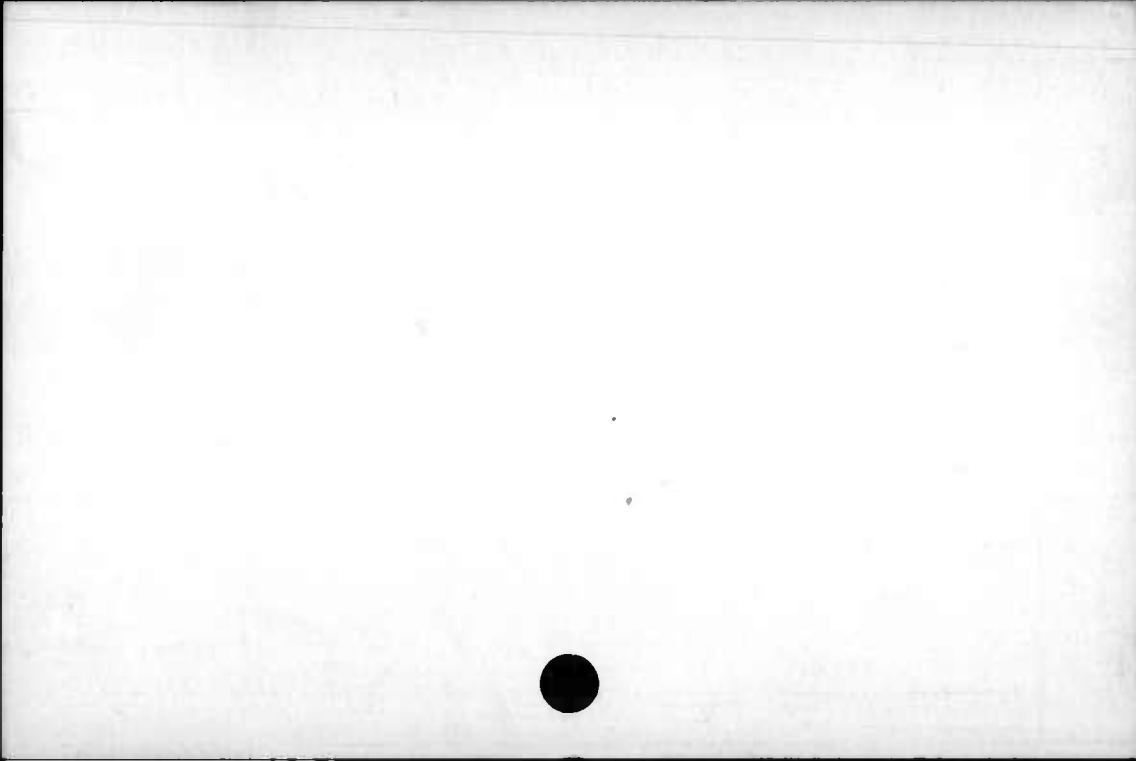
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>some months</i>
Immediate <i>acute indigestion</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>As far as possible</i>	Signature of Physician <i>B. W. G. Laborer</i>
	Address <i>Cumby, Md</i>
Accident or Suicide?	



Name in Full		Felix Puloski				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hills Point - James P.O.		County		Dorchester			
	Date of death 1903		Month		Day		Years			
	December		16		Age about		45			
	Sex		Male		Color or Race		Polish			
	Married, Single or Widowed				Occupation		Oysterman			
	Name of Wife or Husband				Birth-place		Not known			
	Father's Name				Father's Birthplace					
	Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		Wm H. James				How related to deceased				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		was by drowning				How long		12	
	Immediate		Conmedile				How long			
	Are the name, age, sex, color, date and place correctly given above?		So far as known				Signature of Physician		Daniel L. Moore	
	the body was recovered		April the 9th 1904				Address		Cornersville Md	
	Accident or Suicide?		accident							





Name
in
Full

David J. Reed ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>83</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co Md</i>	
Occupation <i>Oyster man</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>May W. Parks</i>			
Father's Name <i>David Reed</i>		Father's Birthplace <i>Somerset Co Md</i>			
Mother's Maiden Name <i>Alice Ford</i>		Mother's Birthplace <i>Somerset Co Md</i>			
Name of person giving Information <i>Mr S. J. Winable</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>—</i>
Immediate <i>Heart Failure</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. M. G. L. L. L. L.</i>
	Address <i>Cambridge, Ma</i>
Accident or Suicide?	



Name in Full Wm. Perry Robinson V		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Bishop Head ^{Town}		Dorchester ^{County}
	Date of death 190 3 ^{Month} Dec ^{Day} 17		Age 29 ^{Years} 6 ^{Months} 7 ^{Days}
	Sex Male	Color or Race Negro	Birth-place Md.
	Married, Single or Widowed Single		Occupation None
	Name of Wife or Husband —		
	Father's Name Louis Robinson		Father's Birthplace Virginia
Mother's Maiden Name Dorothy Ann Stanley		Mother's Birthplace Md.	
Name of person giving information Dorothy Ann Robinson		How related to deceased Wife	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia		How long Six weeks
	Immediate		How long
	Are the name, age, sex, color, data and place correctly given above? yes	Signature of Physician E. A. P. Jones	
	Accident or Suicide? no	Address Bishop, Md.	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *White Hall* ^{Town} *Worcester* ^{County}Date of death *1903* ^{Month} *Dec.* ^{Day} *15* ^{Years} *85* ^{Months} *2* ^{Days} *10*Sex *Male* Color or Race *white* Birth-place *London.*Occupation *None* Where Residing if not at place of death ☒Married, Single or Widowed *Married* Name of Wife or Husband *Addia F. Serrell*Father's Name *Wm Serrell* *79* Father's Birthplace *London*Mother's Maiden Name *Ann -* Mother's Birthplace *London*Name of person giving Information *Alfred W. Serrell* How related to deceased *Son*

CAUSES OF DEATH

Primary *Dropsy Cardiac* How long *two months*Immediate *Exhaustion* How long *Three days*

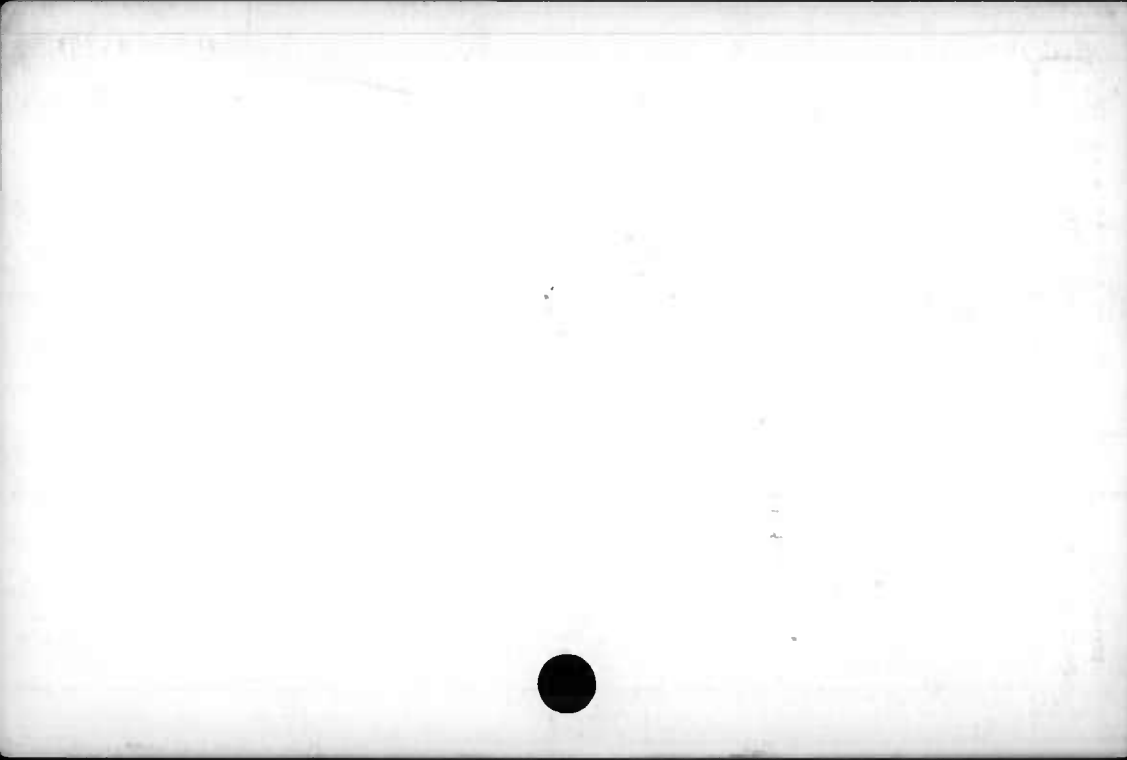
Are the name, age, sex, color, date and place correctly given above?

*Yes*Signature of Physician *Chas. M. Hawley, M.D.*

Address

Cambridge, Mass.

Accident or Suicide?



Name in Full

Allyna Smith

Died at

East New Market Town County

MARYLAND

Date 1903

Month 12 Day 30

Y. M. D. 57-1-19

Native of

Occupation

Md wife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5-

Husband of

J. H. Smith

Wife

Father's

Name

Moses Kavy

Mother's

Maiden Name

Sarah Hooper

Cause of

Primary

Mittel insufficiency organic

How long sick

15 years

Death

Immediate

Heart failure, exhaustion

Accident, Suicide, Homicide

Reported by

Victory B. Hetch.

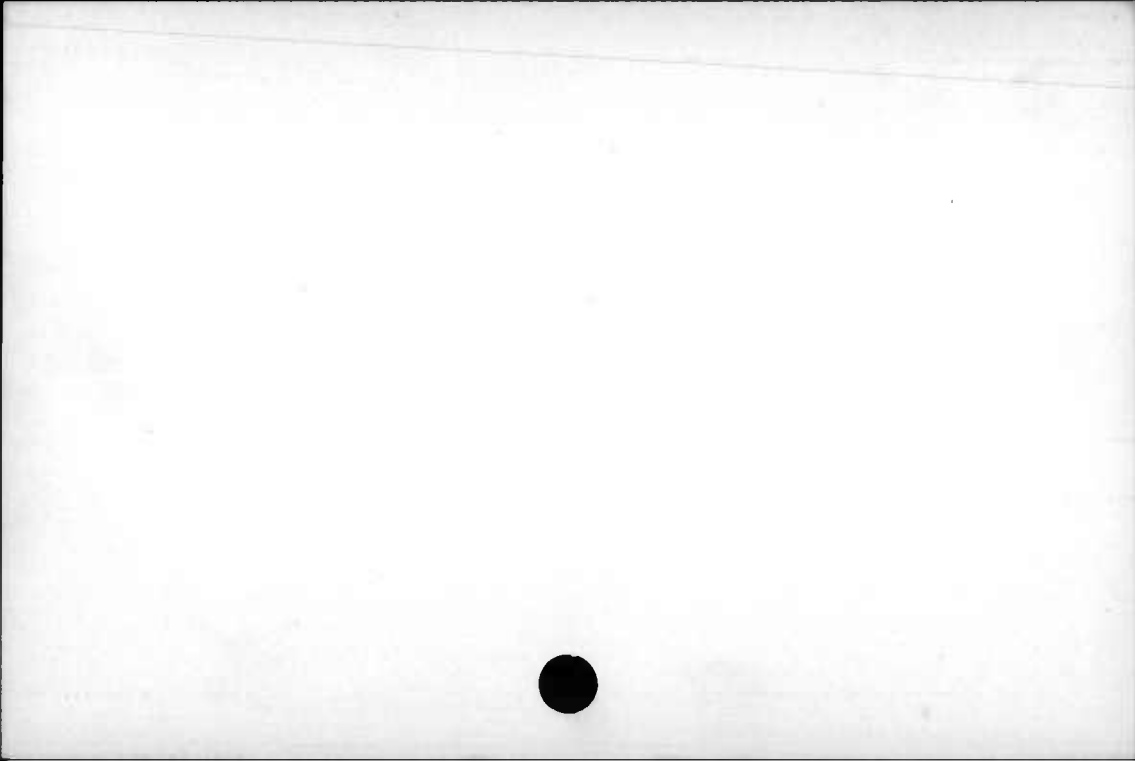
Address

East New Market. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Robert Nelson Spadden				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hudson		County Borchester		MARYLAND
	Date of death 1903	Month Dec	Day 24	Age 0	Months 8	Days 14	
	Sex Male		Color or Race W. White		Birth- place Hudson		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name Thos W Spadden				Father's Birthplace Hudson Md		
	Mother's Maiden Name Nettie Thomas				Mother's Birthplace Hudson Md		
Name of person giving In formation					How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Chronic Gastro-enteritis				How long 8 mos		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician S A Stokes M.D.		
	Accident or Suicide?				Address Cambridge Md		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Caleb and Emily Stanley

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date of death 1903 ^{Month} Dec ^{Day} 15 Age ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race cool Birth-place Ind

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name Caleb Stanley ^{CS} Father's Birthplace Ind

Mother's Maiden Name Emily Smith Mother's Birthplace Ind

Name of person giving information Emily Stanley How related to deceased brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long —

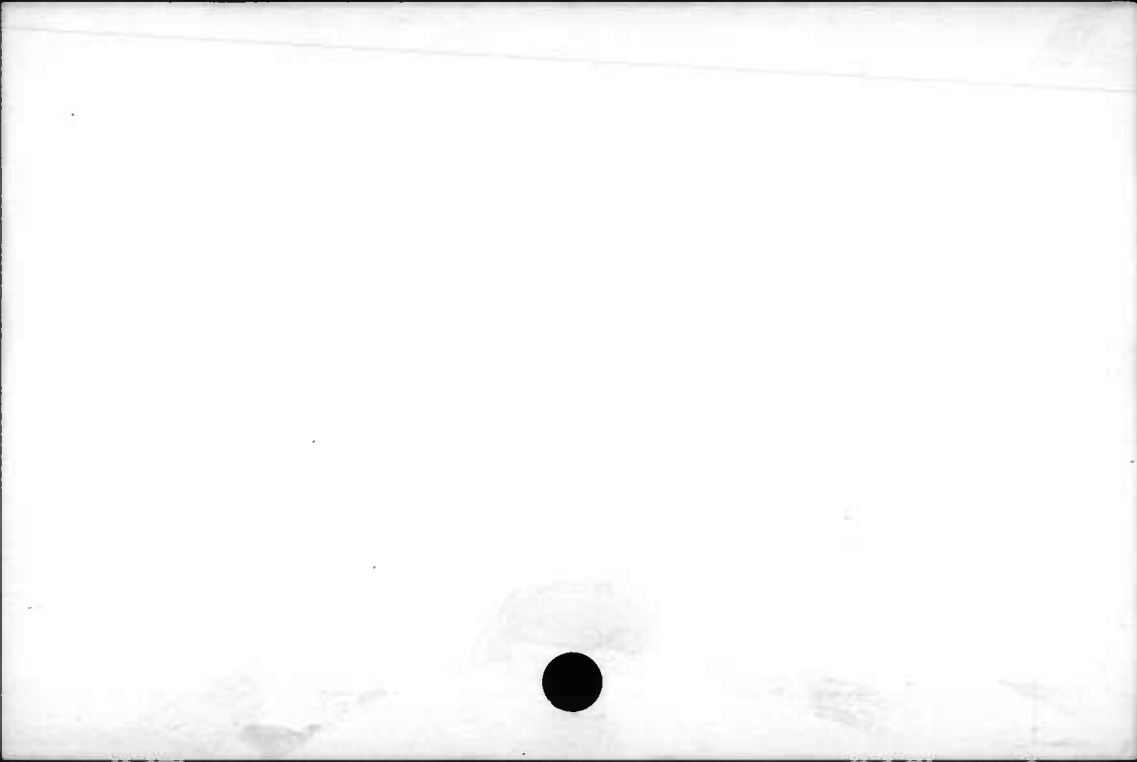
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wilbur A. Drake, M.D.

Address Cambridge Dorchester

Accident or Suicide? —



**TO BE ANSWERED BY
NEAREST FRIEND**

CERTIFICATE OF DEATH

MARYLAND

Occupation

Father's
Nama

Fathar's
BirthplaceMother's
Maiden Name

Mother's Birthplace

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Emaline Strawder

CERTIFICATE OF DEATH

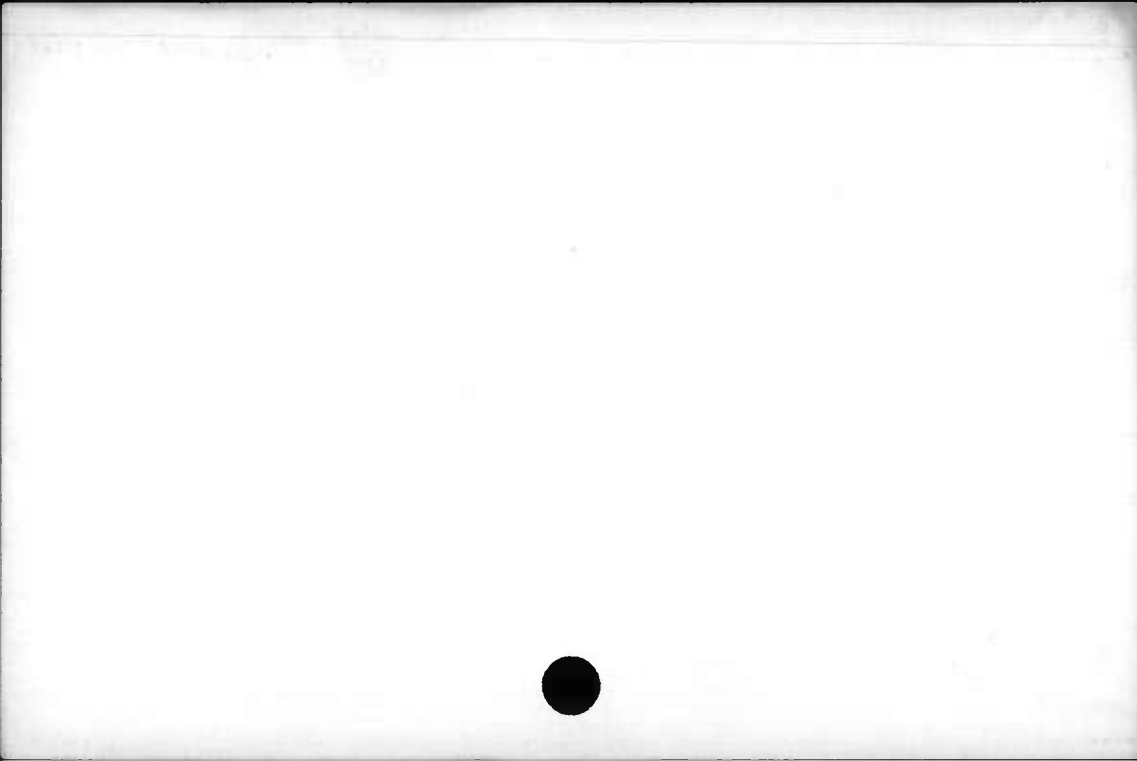
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		Dorchester	
Date of death		1903		Month		Dec.	
Day		24		Age		67	
Sex		Female		Color or Race		Col -	
Birth-place		Ohio		Occupation		Domestic	
Where Residing if not at place of death				Married, Single or Widowed		Widow	
Name of Wife or Husband				Father's Name		Not known to informant	
Father's Birthplace				Mother's Maiden Name		Not known to informant	
Mother's Birthplace				Name of person giving Information		U. G. Loper	
How related to deceased		Not related to her					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Valvular Lesion of Heart	How long	Some years
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wilbur A. Drake M.D.
		Address	Cambridge, Dorchester Co.
Accident or Suicide?			



Name
in
Full

Mary Travers

CERTIFICATE OF DEATH

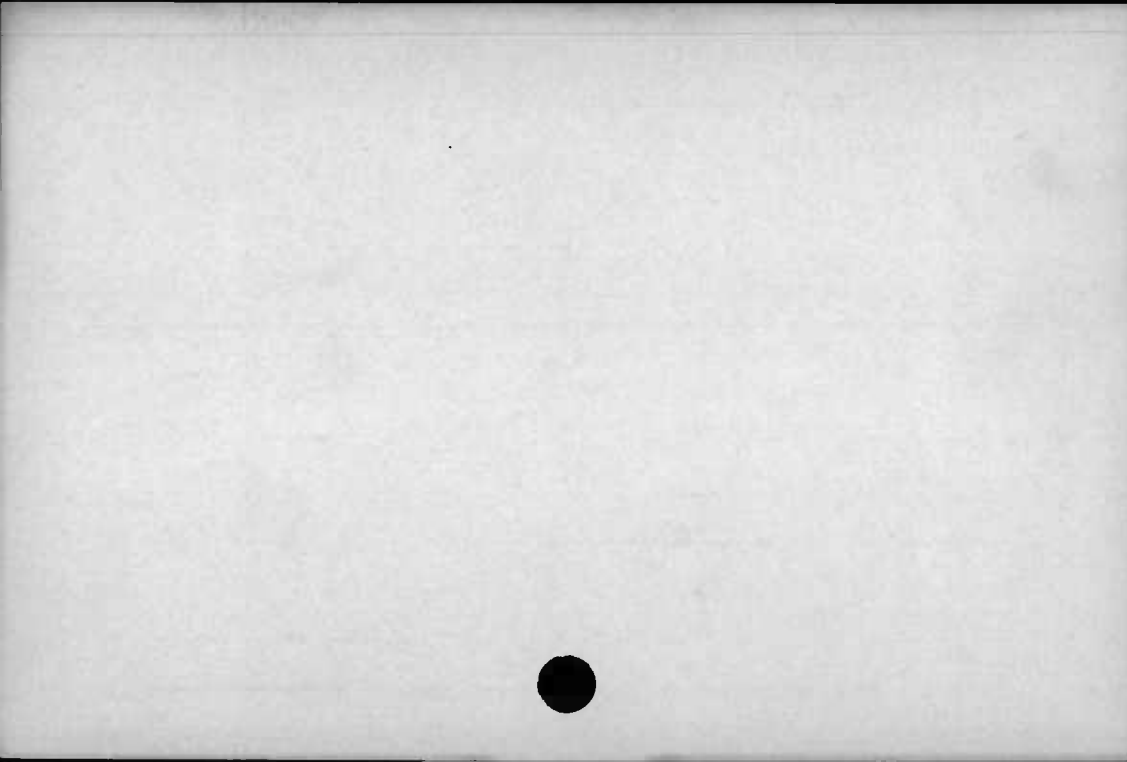
TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town Dorchester		County Dorchester		MARYLAND	
Date of death		1903	Month Dec.	Day 15	Years 40	Months —	Days —
Sex Female		Color or Race Caucasian		Birth-place Dorchester Md.			
Occupation Housewife		Where Residing if not at place of death Dorchester, Md.					
Married, Single or Widowed Single		Name of Wife or Husband Wm. Travers					
Father's Name M. B. Marshall		Father's Birthplace Dorchester					
Mother's Maiden Name Alice Covington		Mother's Birthplace Hicomes Co.					
Name of person giving information Ed. Marshall		How related to deceased Brother					

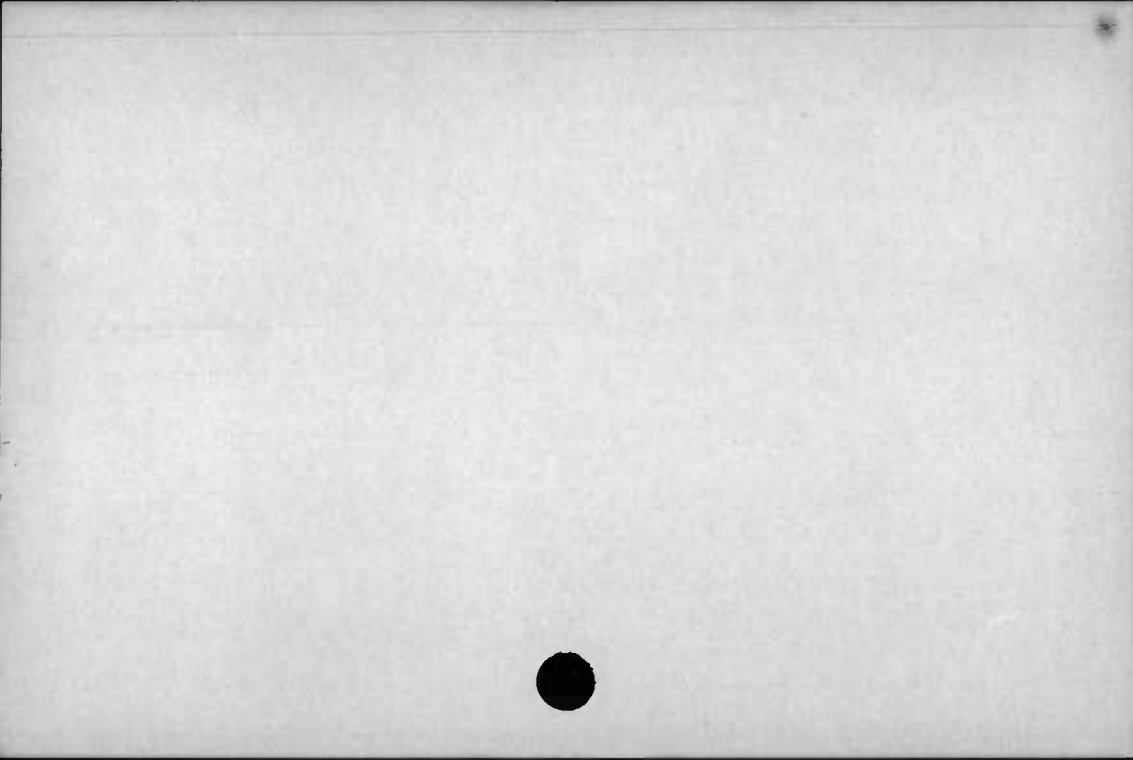
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Kidney	How long 6 months
Immediate Paralysis of heart	How long 20 minutes
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. J. Prier
	Address Summa Md.
Accident or Suicide?	



Name in Full		Mary Travers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hopkerville	County Dorchester		MARYLAND	
	Date of death	1903	Month Dec	Day 8	Age	78	Months Days
	Sex	female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name or Wife or Husband			
	Father's Name	Henry Travers				Father's Birthplace	Hopkerville
	Mother's Maiden Name	Mary Hopker				Mother's Birthplace	" "
Name of person giving information	Lawrence P. Ashton				How related to deceased	No	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Heart failure			How long	immediate
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?			 Fishing Creek Md				



Name
in
Full

Matthew Edward Trowers.

CERTIFICATE OF DEATH

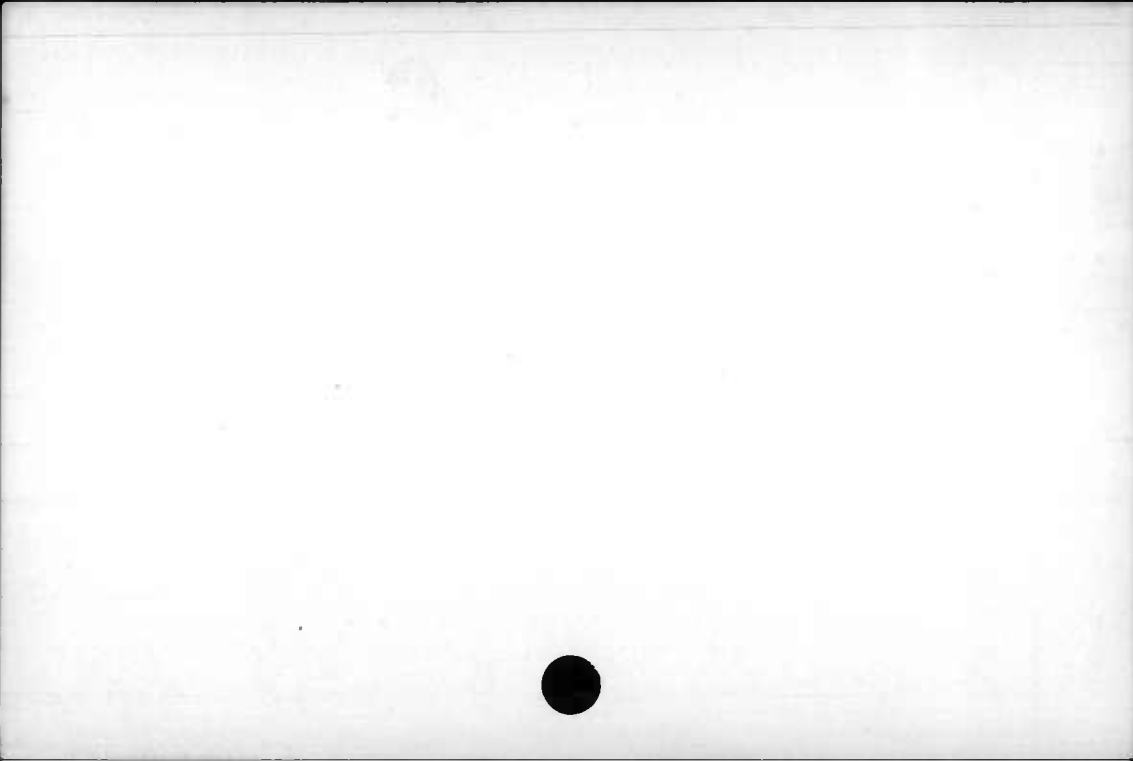
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Croft</i> Town		<i>Sechrist</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>16</i> Day	Age	<i>2</i> Years	<i>4</i> Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Matthew T. Trowers</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mahala Lewis</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mahala Trowers</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E.A. Trowers</i>	
		Address <i>Croft Ind</i>	
Accident or Suicide?			



Elizabeth Ann Travers

Died at ^{Town} Lloyas ^{County} Dorchester MARYLAND

Date 19 03 ^{Month} Dec ^{Day} 28th ^{Y.} 18 ^{M.} 98 ^{D.} 11 ^{Native of} Dorchester ^{Occupation}

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living five

Husband of Matthew Travers
 Wife of
 Father's Name
 Mother's Name
 Maiden Name

Cause of Death { Primary Heart Trouble
 Immediate
 How long sick Sudden
 Accident, Suicide, Homicide

Reported by Matthew Travers

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Mary Elizabeth Tyler				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Gibsonville, Md	County Hancock	MARYLAND			
		Date of death 190	3	Month Dec	24	Day	Age	44	
		Sex	Female	Color or Race	White	Birth-place	Md	Months	Days
		Married, Single or Widowed	Single	Occupation	None				
		Name of Wife or Husband							
		Father's Name		Thomas Janner Tyler		Father's Birthplace		Md	
		Mother's Maiden Name		Sally Bell		Mother's Birthplace		Md	
Name of person giving information		Lakewood Wallace		How related to deceased		Sister			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		10 Months	
		Immediate		Diarrhea		How long		2 weeks	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. A. J. Jones	
				Address		Gibsonville, Md			
		Accident or Suicide?							



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>Joe (Surname unknown)</i>		CERTIFICATE OF DEATH	
Died at <i>Hills Point</i> Town <i>James P O</i> County <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>December</i>	Day <i>16</i>	Age <i>20</i>
Sex <i>Male</i>	Color or Race <i>Polish</i>	Birth-place <i>not known</i>	Months Days
Married, Single or Widowed		Occupation <i>Cy ste man</i>	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Milton Marshall</i>		How related to deceased	
CAUSES OF DEATH			
Primary <i>was by drowning</i>		How long	
Immediate <i>Immediate</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Daniel L. Moore</i> Coroner	
		Address <i>Cornersville Md</i>	
Accident or Suicide? <i>Accident</i>			

